| Effective January 1, 2003 10, 618, 785 | | | | | | | | | | | | منابع بيرون كان |
|--|--|--|--------------|--------------------------------|---------------------|------------------|------|--------------------|------------------------|------|---------------------|------------------------|
| CLAIMS AS FILED - PART ((Column 1) | | | | | | (Column 2) | | SMALL ENTITY TYPE | | OR | OTHER THAN | |
| то | TAL CLAIMS | 32 | | | | | Γ | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FLED | | NUMBER EXTRA | | e | ASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| TOTAL CHARGEABLE CLAIMS | | | 32 minus 20= | | .12 | | | X\$ 9≈ | | OR | X\$18= | 216 |
| IND | EPENDENT CL | 3 minus3= | | 8 | | T | X42= | | OR | X84= | | |
| MU | LTIPLE DEPEN | IDENT CLAIM P | RESENT | | | | | +140= | * | OR | +280 = | • |
| * If the difference in column 1 is less than zero, enter *0" in co | | | | | | column 2 | | TOTAL | | OR | TOTAL | 946 |
| I | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL 1 | ENTITÝ | OR | OTHER SMALL | THAN |
| ENTA | | CLAIMS REMAINING AFTER AMENDMENT. | | HIGH NUM PRIEVIK PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * 32 | Minus | i- 3: | | - / | | X\$ 9= | 7 | OR | X\$18= | |
| ME | Independent | | | 9007 | 3 . | - / | | X42= | 7 | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE OBPENDENT CLAIM [7] | | | | | | | | +140= | / | OR. | +280- | |
| 1/5/16 | | | | | | | | TOTAL | | OR | TOTAL ADDIT FEE | |
| | | (Column 1) | | - 11 | JUIN. PEC | | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE |) | PATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | . 32 | Minus | -3 | 2 | - / | | X\$ 9= | . , | OR | X\$18= | . / |
| AME | Independent | . 3 | Minus | *** | 3 | •/ | П | X42= ' | / | OR | X84= | 1/. |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM / | | | | | | | +140 - | | OR | +280= | |
| | | • | | | | | نا ۵ | TOTAL ODIT, FEE | | OA | TOTAL ADDIT, FEE | |
| | | | oon in FEE | | | | J. | | | | | |
| ENTC | | CLAIMS REMAINING AFTER AMENDMENT | | | | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | | Minus | ast. | | • | | X\$ 9= | | OR | X\$18= | |
| AME | independent | * | Minus | 454 | T () 4 !! | • | | X42= | | OR | X84= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | 4140≈ | | OR | +280= | |
| | If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." | | | | | | | | | OR | TOTAL | |
| The Purpose Humber Providurity Paid For IN THIS SPACE is less than 3, enter "2." ADDIT, PER | | | | | | | | | | | | |
| • | | | 1 41: | | | 1 | | | ., | | | |

Application or Docket Number